TSpace®XP Interbody System

Transforaminal Lumbar Interbody Fusion System with Plasmapore®XP Surface Technology
Surgical Technique
Rx Only

Aesculap Spine

AESCULAP®
Implant Systems

TSpace®XP Interbody System

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TSpace®XP Interbody System

I. Indications for Use, Contraindications, Warnings and Potential Risks

Device Description

The Aesculap TSpace Spinal Implant System is an intervertebral body fusion device that is implanted into the vertebral body space to improve stability of the spine while supporting fusion. Components are offered in a variety of shapes and sizes to meet the requirements of the individual patient anatomy. Components are manufactured from PEEK–OPTIMA® (per ASTM F2026) with a titanium layer and a vacuum plasma spray coating (Plasmapore - per ISO 5832-3). The device will have tantalum radiographic markers per ASTM F560.

Indications for use:

When used as an Intervertebral Body Fusion System:
The TSpace Spinal Implant System is indicated for spinal fusion procedures at one or two contiguous levels (L2-S1) in skeletally mature patients with degenerative disc disease (DDD). DDD is defined as back pain of discogenic origin with degeneration of the disc confirmed by history and radiographic studies. DDD patients may also have up to Grade 1 Spondylolisthesis or retrolisthesis at involved levels. These patients may have had previous non-fusion spinal surgery at the involved spinal level(s). The TSpace Spinal Implant System is intended for use with supplemental spinal fixation systems that have been cleared for use in the lumbrosacral spine (i.e., posterior pedicle screw and rod systems, anterior plate systems, and anterior screw and rod systems). The TSpace Spinal Implant System implants can be used individually or in pairs. The TSpace Spinal Implant System is also intended for use with autogenous bone graft.

Patients must have undergone a regimen of at least six (6) months of non-operative treatment prior to being treated with the Aesculap device.

Materials

The Aesculap Plasmapore^{XP} Spinal System implants are manufactured from PEEK-OPTIMA LT1 (per ASTM F2026) with a titanium layer and a vacuum plasma spray coating (Plasmapore - per ISO 5832-3), and contain Tantalum markers per ASTM F560.

PEEK-OPTIMA is a registered trademark of Invibio Ltd, Lancashire, FY5 4QD, UK.

General Surgical Indications

Surgically-installed implants serve to support normal healing processes. They should neither replace normal structures of the body nor permanently bear the loads occurring in the case of incomplete healing.

Contraindications

The operation should not be carried out against the following contraindications:

- Acute or chronic infections or severe defects of the osseous structures of the vertebral bodies, which need to be sound for the stable implantation of the PEEK devices
- Bone tumors in the region of the implant anchoring
- Unwillingness or inability of the patient to follow the instructions for postoperative treatment
- Any medical or surgical condition that could preclude the potential success of the implantation
- Pregnancy
- Osteoporosis or similar bone density loss
- Systemic or metabolic illnesses
- Drug abuse or alcoholism
- Generally poor condition of the patient
- Adiposity
- Psychosocial issues; lack of cooperation by the patient
- All cases that are not listed under indications

Risks

The surgical intervention involves the following potential risks:

- Neurological complications caused by over distraction or trauma of the nerve roots or dura
- Loss of intervertebral disk height due to removal of healthy bone material

Complications that can generally occur in connection with intervertebral surgery:

- Pseudarthrosis
- Incorrect implant position
- Spondylolisthesis
- Loss of fixation; dislocation or migration

Sterility

- The implant components come individually packed in protective packaging that is labeled according to its contents.
- The implant components have been sterilized by irradiation (min. dose 25 kGy).
- Store implant components in their original packaging. Remove them from their original protective packaging only just prior to application.
- Prior to use, check the product expiry date and verify the integrity of the sterile packaging. Do not use implant components that are past their expiry date or whose packaging is damaged.

Warnings

- Implants supplied in sterile condition must not be resterilized or reused under any circumstances. Danger to the patient and possible loss of implant functionality due to resterilization may occur.
- Increased risk of migration due to over-preparation of the vertebral body endplates. When preparing the implant bed, make certain that the base and cover plates of the adjacent vertebral bodies are not weakened.
- Potential risks identified with the use of this intervertebral body fusion device, which may require additional surgery, include: device component fracture, loss of fixation, pseudoarthrosis (i.e., non-union) fracture of the vertebra, neurological injury and vascular or visceral injury.
- Excessive insertion forces may cause damage to the implant.
- Avoid damage to the Plasmapore^{XP} coated implant surfaces caused by instruments (e.g. high frequency surgical devices) applied close to the implant. If there is damage to the Plasmapore^{XP} surface, replace the damaged implant with a new implant.

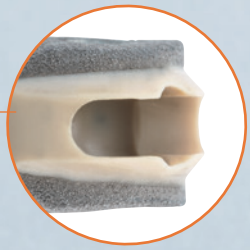
Precautions

- Based upon dynamic testing results physicians should consider the levels of implantation, patient weight, patient activity level, other patient conditions, etc. which may impact the performance of the Aesculap PEEK/Plasmapore^{XP} implant when used as an intervertebral body fusion device.
- The Aesculap PEEK/Plasmapore^{XP} Spinal Implant System has not been evaluated for safety and compatibility in the MR environment. The Aesculap Plasmapore^{XP} Spinal Implant System has not been tested for heating or migration in the MR environment.
- Mixing unalloyed titanium, alloy, stainless steel and other cobalt ally implants should be avoided for implants that are in contact with each other.
- Components of this system should not be used with components of any other systems or manufacturers.

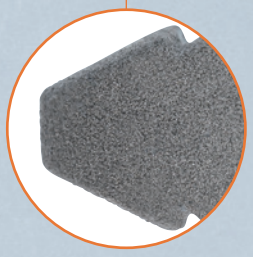
TSpace®XP Interbody System

II. System Overview

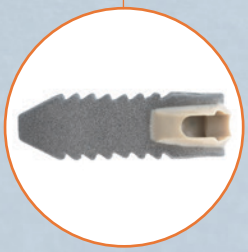
Optimized contact area for increased migration resistance



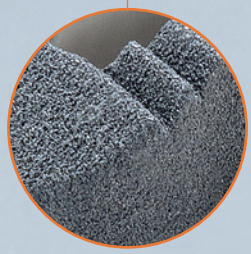
Interface to inserter



Bulleted nose for easy insertion

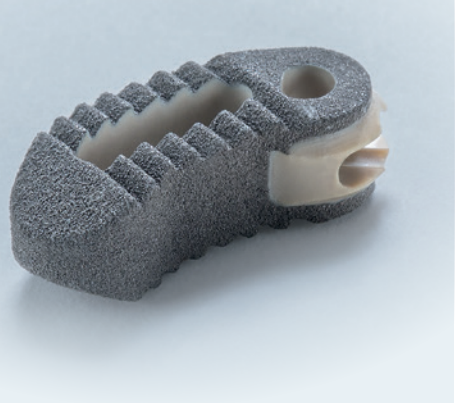


1 mm increments in height



Innovative Surface Technology: Plasmapore®XP Osteoconductive Coating for easy bony apposition and increased bone formation

The TSpace®XP Interbody System is an interbody spacer used in TLIF (Transforaminal Lumbar Interbody Fusion) procedures. This comprehensive system offers a complete line of implants with a radiolucent PEEK-OPTIMA® core and osteoconductive, porous Titanium Plasmapore®XP coating. TSpaceXP incorporates streamlined and intuitive instrumentation, allowing for use in open, mini-open and percutaneous procedures.



Design Advantages

- **Built on experience,** PlasmaporeXP is the culmination of 30 years of innovation in spinal technology and 20 years of experience with porous Titanium coatings.
- **PlasmaporeXP innovative surface technology** is an osteoconductive pure Titanium porous coating with proven biocompatibility,[1] resulting in early bony apposition and increased bone formation.
- **Articulating inserter and enhanced implant interface design** allow for a secure connection between implant and inserter, as well as the capability for surgeons to articulate the implant 0° to 90° in-situ without loss of connection to implant.
- **PlasmaporeXP is a migration resistance surface enhancing technology** that has been shown to provide an increased initial stability and long term stability when compared to traditional PEEK implants.[1]
- **Intelligent implant design** has an optimized contact area, bulleted nose for ease of insertion and 30 implant variations to match patient anatomy.
- **Excellent imaging properties** provided by PlasmaporeXP coating and Tantalum X-ray markers allow for improved intraoperative visibility.
- **Trials for each implant variation** permit comfortability in size selection for each patient.

TSpaceXP can be used in conjunction with the following Aesculap products:

Spyder

Spine Classics

S4 Element®

S4® Spinal System

1 *Cheng, Boyle. Biomechanical pullout strength and histology of PlasmaporeXP Coated Implants: Ovine multi time point survival study. Aesculap Implant Systems, Whitepaper, 2013 (ART129).*

PEEK-Optima is a registered trademark of Invibio Biomaterial Solutions.

TSpace®XP Interbody System

III. Surgical Technique

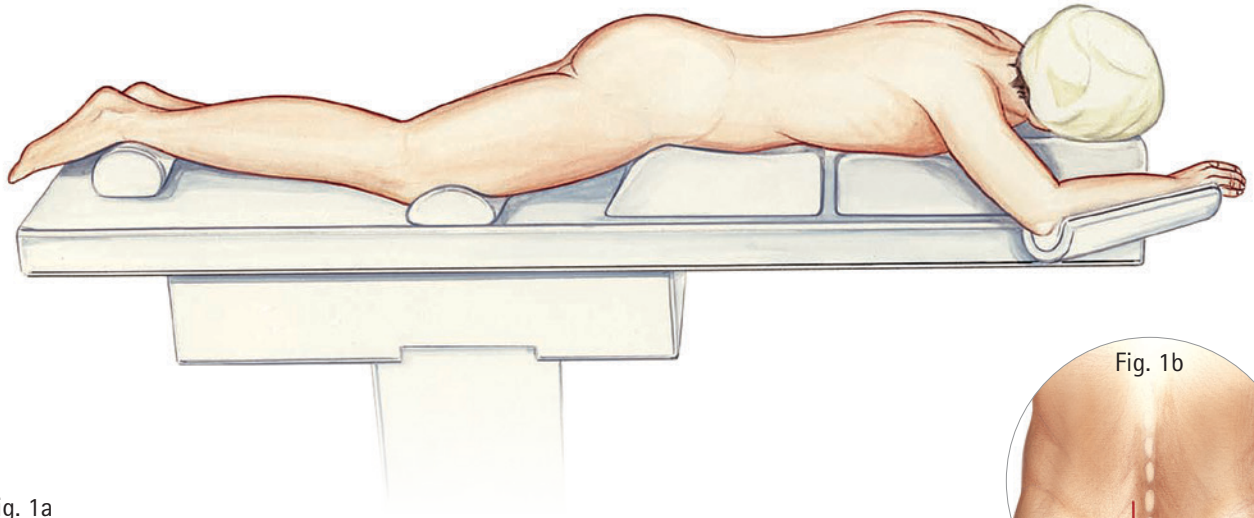


Fig. 1a

Fig. 1b

1. Positioning of the patient and incision marking

(Fig. 1a-1b)

- For a minimally invasive approach, place the patient on a radiolucent table to allow for AP views of the various anatomic structures.
- Determine the appropriate position of the longitudinal incision (4-5 cm in length) by using a C-arm. Mark the intended skin incision paraspinally on the right and respectively on the left side.

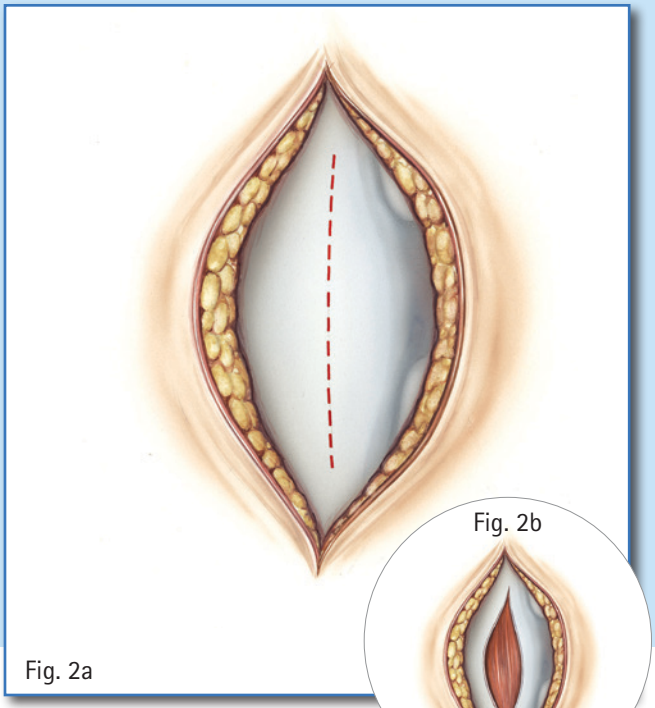


Fig. 2a

Fig. 2b

2. Fascial incision

(Fig. 2a- 2b)

- Perform a slightly curved fascial incision 1.5 cm from the mid-line. This allows a firm hold of the speculum and counter retractor, facilitating the exposure of the individual segment.

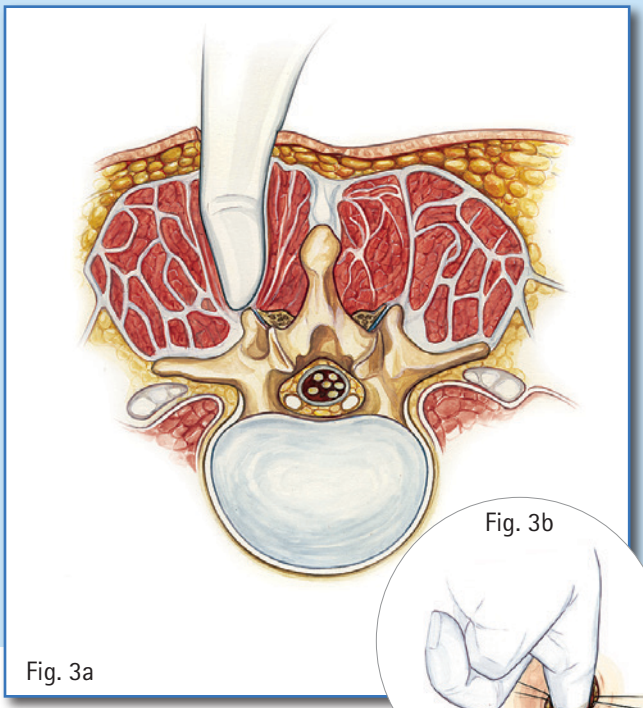


Fig. 3a

Fig. 3b

3. Exposure and blunt dissection of the paraspinal muscles

(Fig. 3a-3b)

- After splitting of the thoracolumbar fascia, perform a blunt dissection of the paraspinal muscles with the fingertip. In accordance with the palpatory finding, a correction of the skin incision is still possible, as the muscle retractor should be introduced as vertically as possible and in the direction of the interlaminar space. Select the length of the retractor by using the index finger.

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III. Surgical Technique *(continued)*

Fig. 4a

Fig. 4b

4. Introduction of the retractor system

(Fig. 4a-4b)

- Introduce the muscle retractor with closed blades and the handle in the longitudinal direction. Turn 90°, then expand if needed.

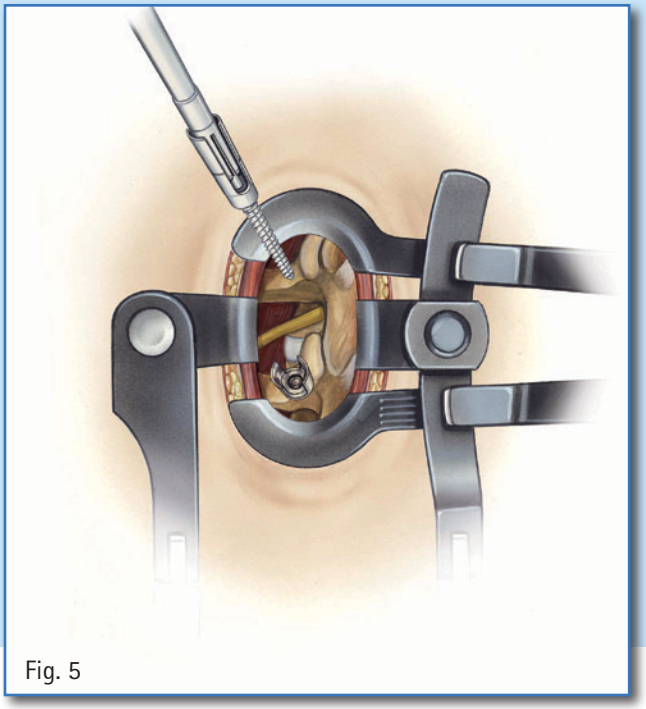

Fig. 5

5. Insertion of screws

(Fig. 5)

- Insert the pedicle screws according to the appropriate pedicle screw surgical technique manual.

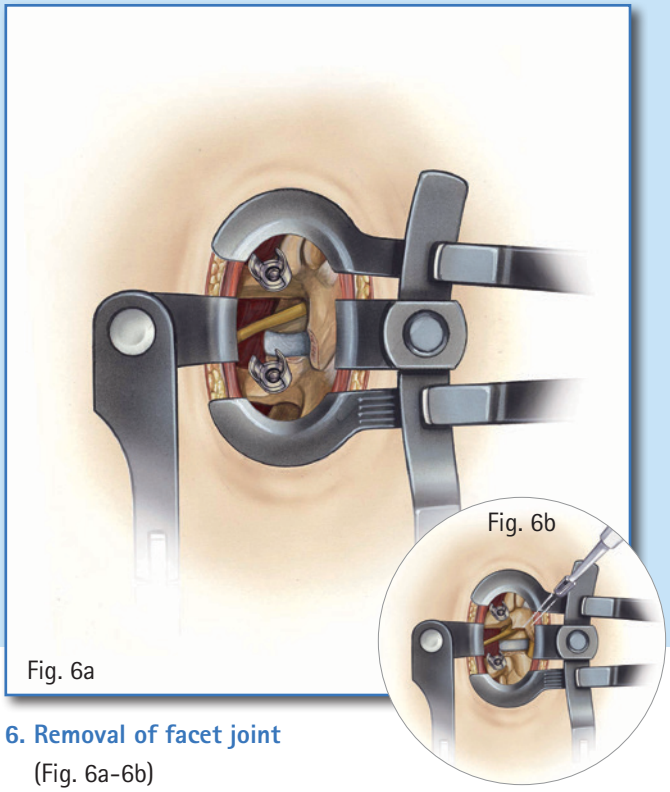

Fig. 6a

6. Removal of facet joint

(Fig. 6a-6b)

- Consider complete unilateral facetectomy on the side targeted for the implant insertion. First, resect the inferior articular process of the facet joint, then the subjacent superior articular process.

Item No.	Description
FJ658R	Osteotome

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III. Surgical Technique *(continued)*

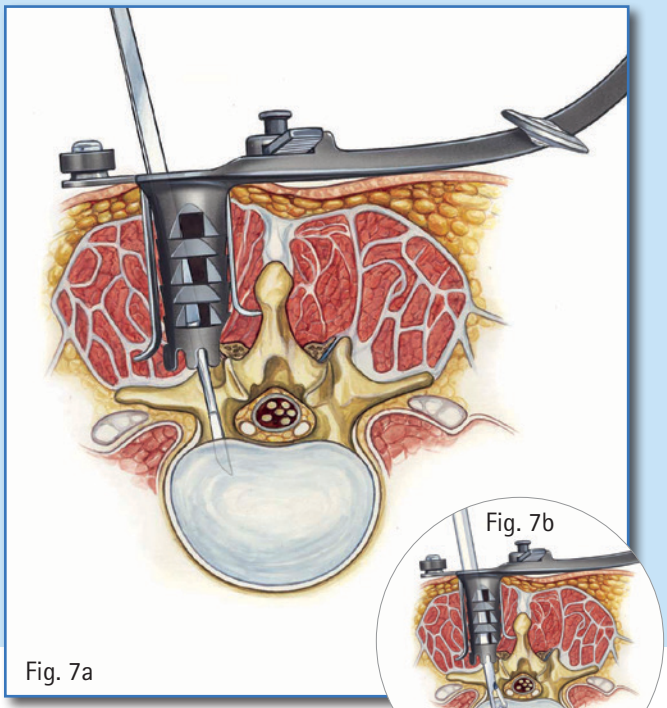


Fig. 7a

Fig. 7b

7. Opening of the disc and removal of disc material

(Fig. 7a-7b)

- Cut a small window into the annulus to open the disc.
- Use rongeurs to remove the opened annulus.
- Remove posterior osteophytes by using Kerrisons.

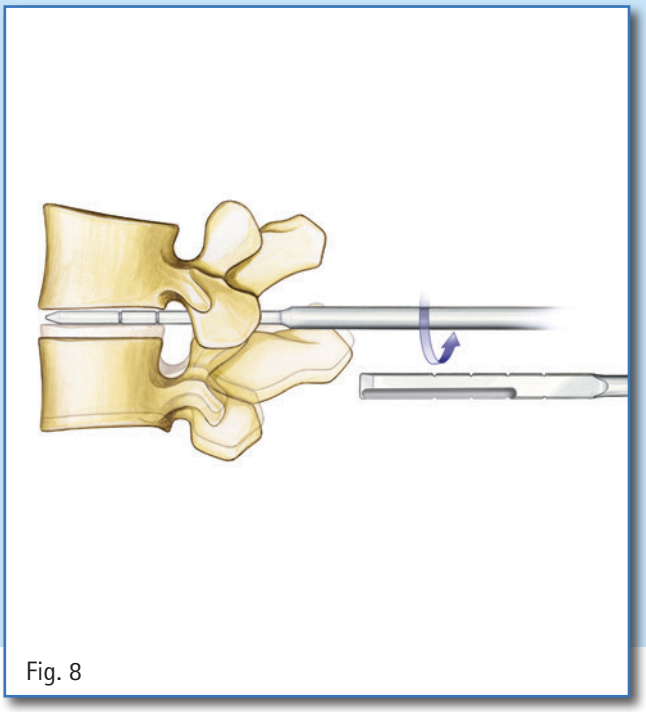


Fig. 8

8. Restoration of disc height

(Fig. 8)

- The desired restoration of the natural disc height can be set using the distractors. They are available in heights from 7-17 mm in 1 mm increments.
- Insert the distractor horizontally.
- Rotate clockwise for a blunt height restoration maneuver. Rotate counter-clockwise to remove disc material with the built-in sharp rim.

Item No.	Description
SJ033R	T-handle
FJ647R-FJ657R	Distractors

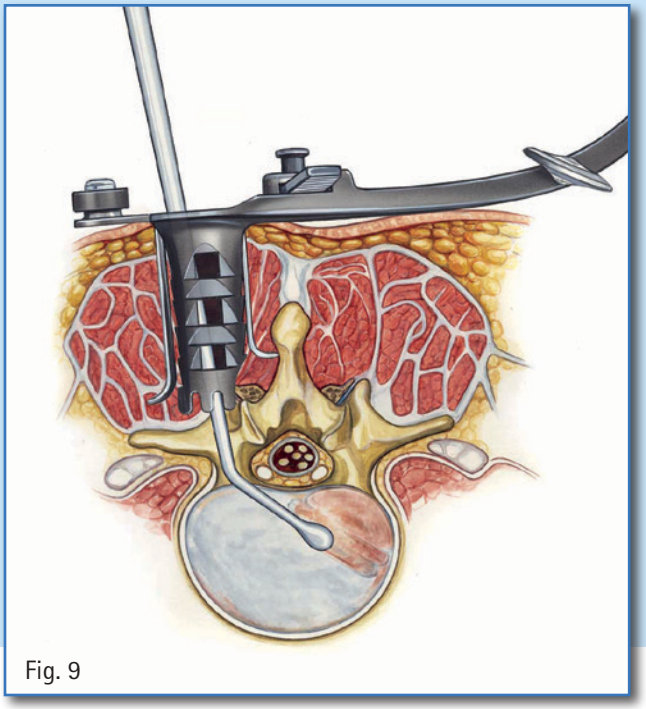


Fig. 9

9. Cleaning of the intervertebral space

(Fig. 9)

- Clear the disc space using rongeurs, bone curettes and box curettes.
- Use the bone rasps or box curettes for endplate preparation.

Note:
Excessive preparation of the endplates may weaken the construct which may lead to subsidence of the interbody device.

Item No.	Description
FJ679R-FJ680R	Bone curettes, angled
FJ681R	Box curette, straight
FJ682R-FJ683R	Box curettes, angled
FJ685R-FJ686R	Bone rasps, angled

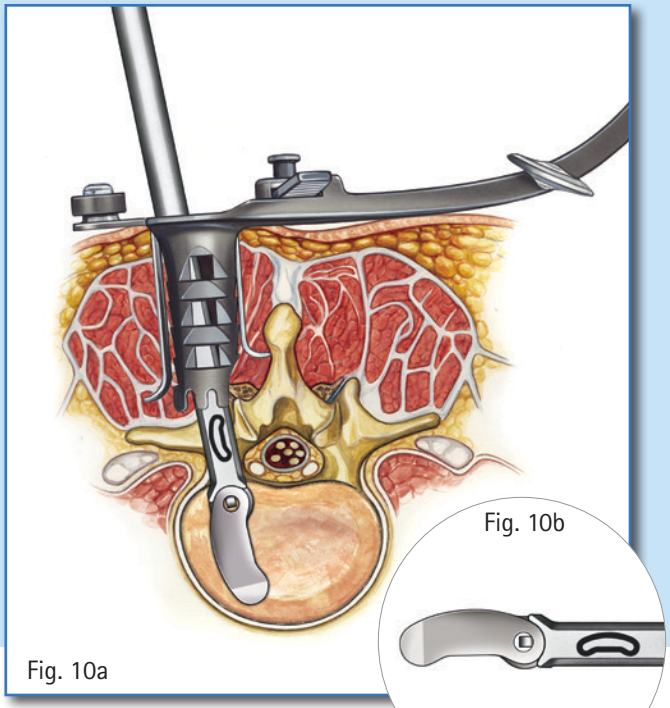


Fig. 10a

Fig. 10b

10. Determination of implant size using trial

(Fig. 10a-10b)

- Trials are available for each implant size to provide optimized selection of the implant size.
- Use the articulating inserter with the TSpace^{XP} trials until the desired position is reached. The trial positioning is performed in the same way as the implant positioning. Please refer to Fig. 12a-12d for the description of the insertion steps.

Note:
Please refer to page 20 for a detailed handling description of the articulating inserter.

Item No.	Description
SN305R	Inserter
SN322R-SN392R	TSpace trials

The trials are essential to ensure the correct implant size is used.

TSpace®XP Interbody System

III. Surgical Technique *(continued)*

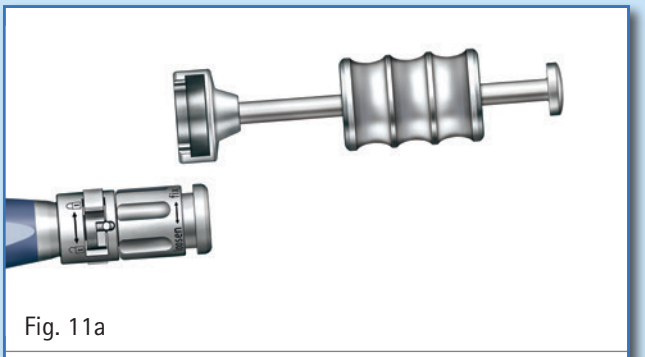


Fig. 11a

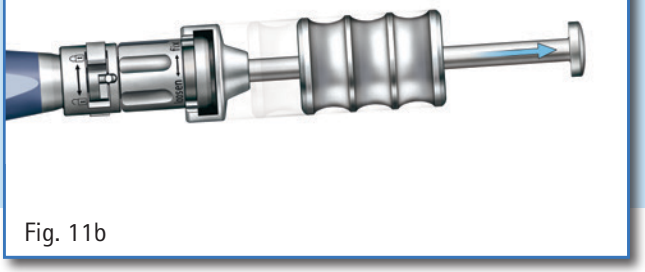


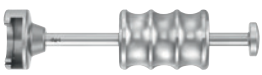
Fig. 11b

11. Removal of the trial using the slap hammer
(Fig. 11a-11b)

- Connect the slap hammer (SN320R) to the handle of the inserter (SN305R).
- Use the slap hammer to back out the trial carefully.

Note:
The inserter knob should be loose when backing out the trial.

Note:
If the inserter knob is more than 1/4 turn counterclockwise loose, the trial may become disengaged from the inserter.



Item No.	Description
SN320R	Slap hammer
SN305R	Inserter
ME927R	RIGID Inserter

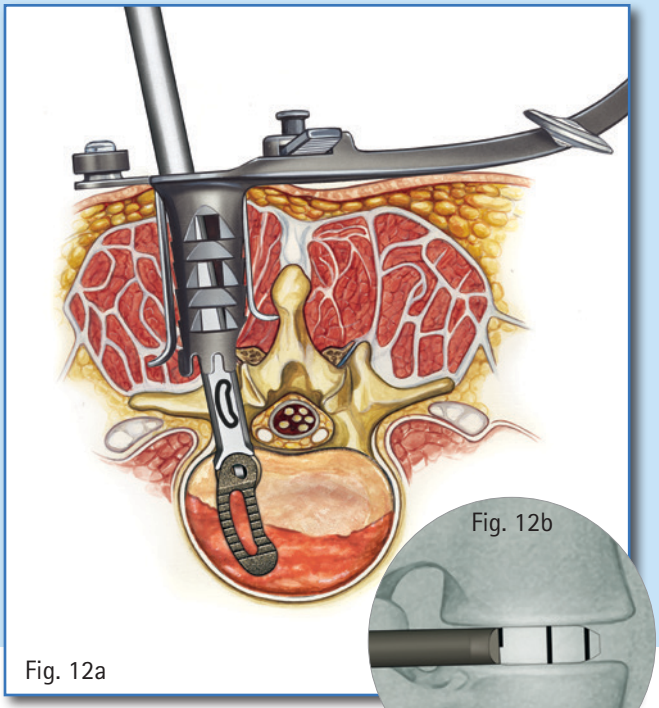


Fig. 12a

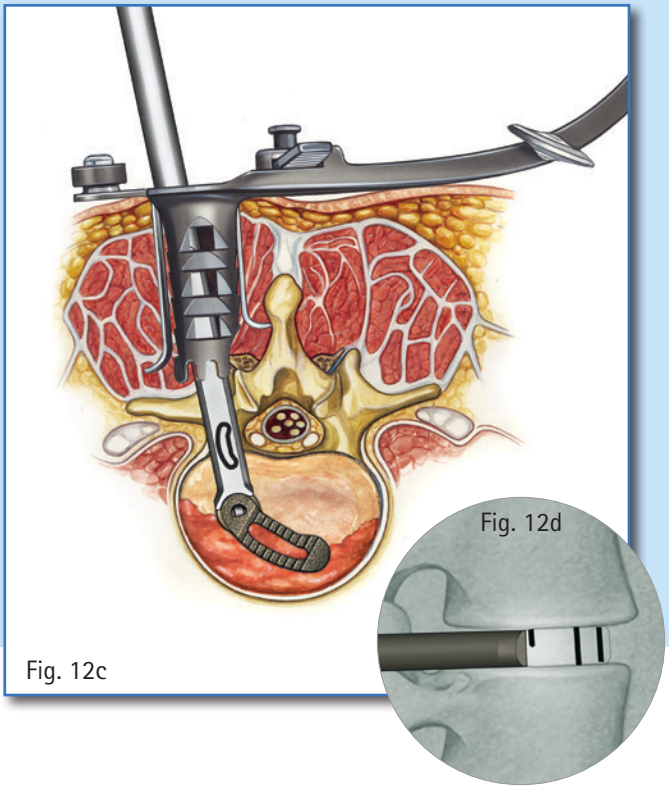


Fig. 12c

12. Implant insertion

(Fig. 12a-12d)

- Use the packing block to fill the TSpace®XP grafting window with bone or bone substitute.
- It is recommended to place bone graft in the anterior disc space.
- Insert the TSpaceXP interbody implant partially into the disc space with the articulating inserter.
- To use the articulation feature of the inserter, slightly release the implant/trial implant by turning the knob slightly counterclockwise (direction "loosen"). This will move the insertion rod forward and loosen the implant/trial.
- Use the integrated X-ray marker to verify the implant position during the insertion process.

Note:
To start insertion, fix the implant at 0° position to the insertion instrument and recheck the connection between the trial/implant and the inserter.

Note:
Do not loosen the implant/trial completely until the end position of the implant is reached or the trial is removed from the patient.

Note:
Please refer to page 20 for a detailed handling description of the articulating inserter.

Item No.	Description
SN304R	Packing block
SN305R	Inserter

TSpace®XP Interbody System

III. Surgical Technique *(continued)*

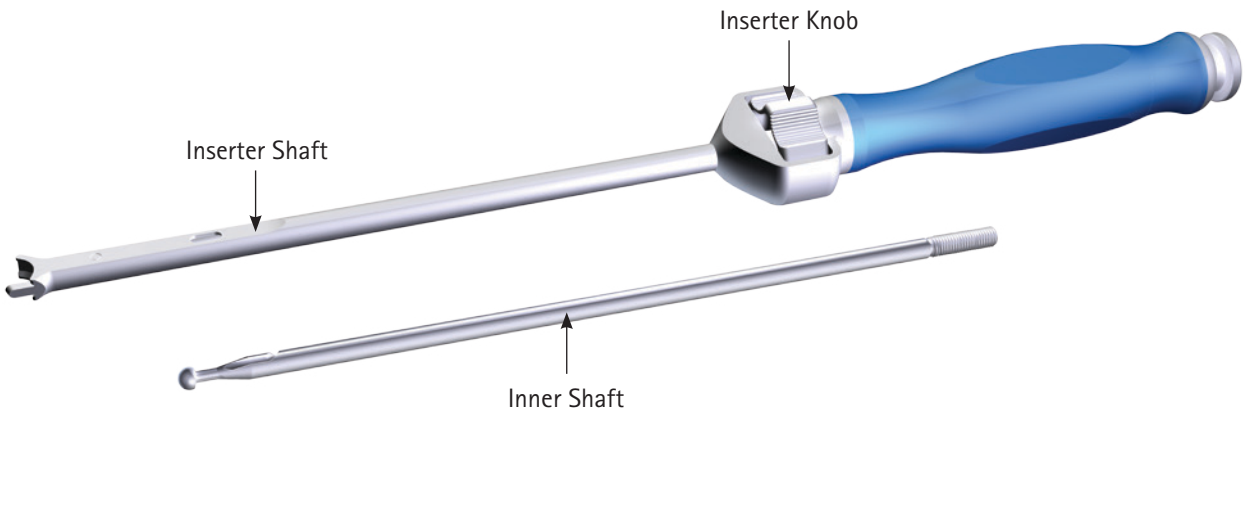


Fig. 13 - Assembly of the rigid inserter (ME927R)

Alternate Option for Trialing/Insertion:

(Fig. 13)

TSpace^{XP} Rigid Inserter (ME927R)

The TSpace^{XP} Rigid Inserter is intended to provide the surgeon with an inserter that does not articulate the TSpace^{XP} implant. The Rigid Inserter is an optional inserter that can be used in the place of the standard articulating inserter to insert the TSpace^{XP} trial implants and implants.

1. To assemble the inserter (Fig. 13)
   a. Drop the inner shaft into the inserter shaft.
   b. Rotate inserter knob clockwise to fully assemble.

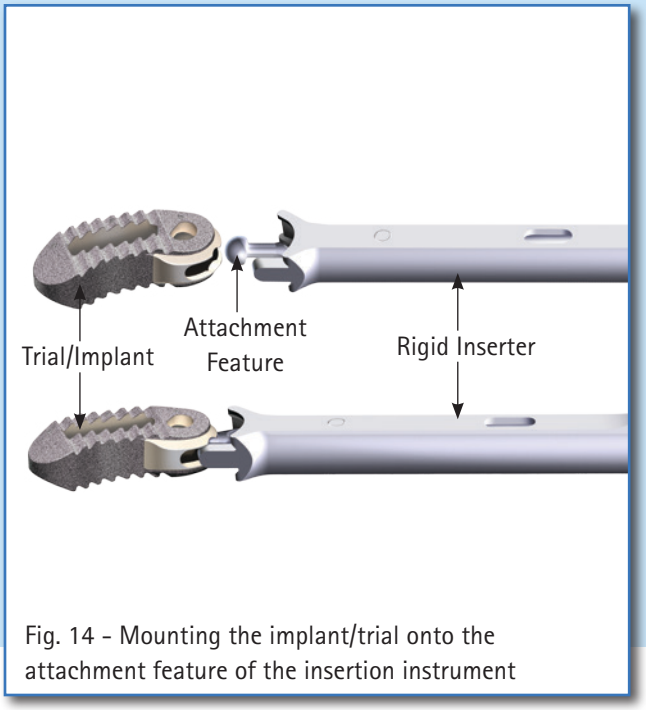


Fig. 14 - Mounting the implant/trial onto the attachment feature of the insertion instrument

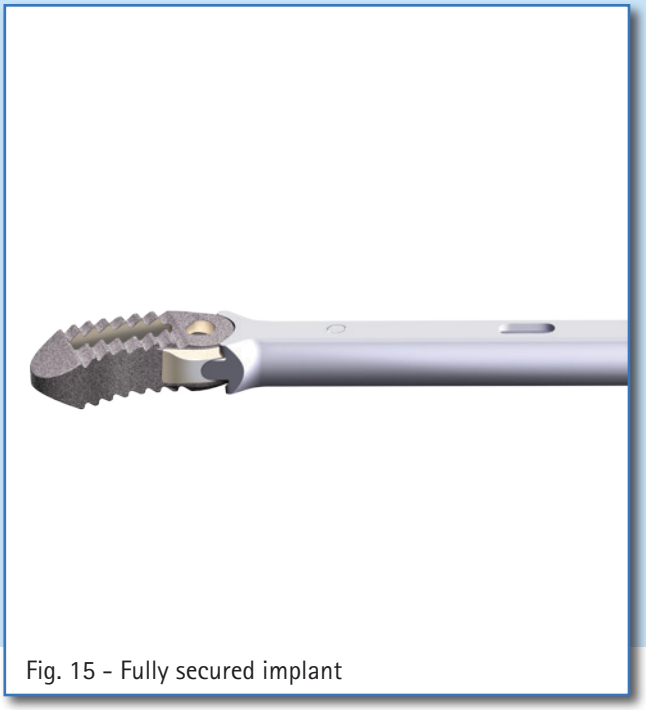


Fig. 15 - Fully secured implant

2. To attach the trial/implant to the insertion instrument:
   a. Remove the selected implant from the sterile packaging.
   b. Mount the trial/implant onto the attachment feature of the insertion instrument (Fig. 14).
   c. When doing so, pay attention to the orientation of the trial/implant (orientation according to the marking on the insertion instrument).
   d. While holding the trial/implant, turn the inserter knob clockwise until the implant is fully secured against the inserter (Fig. 15).

3. To detach the trial implant/implant from the insertion instrument:
   a. Turn the inserter knob counter-clockwise to fully release the implant.
   b. A window will show when the implant/trial is unlocked .
   c. This window is located toward the distal tip of the inserter to aid in determining when the implant/trial will be released.

TSpace®XP Interbody System

III. Surgical Technique *(continued)*

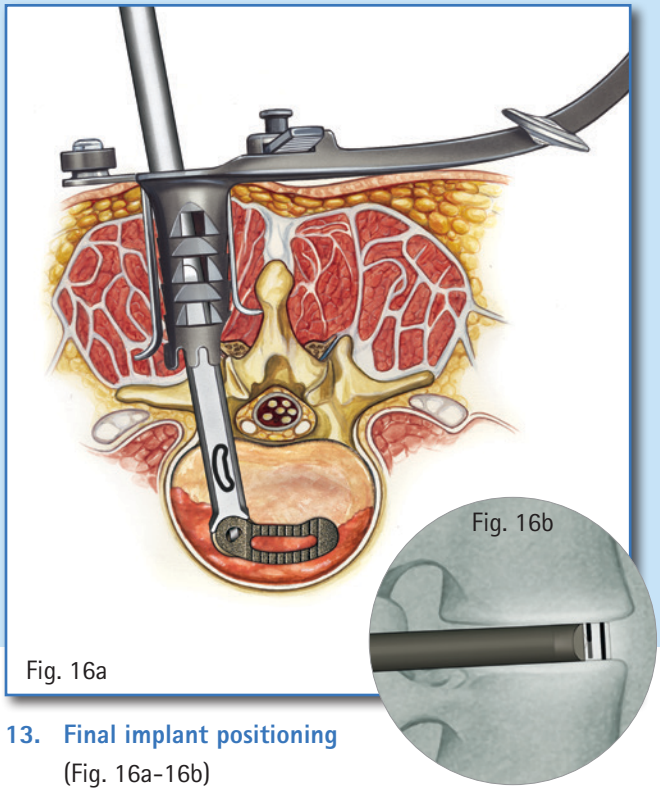


Fig. 16a

13. Final implant positioning

(Fig. 16a-16b)

- Use the articulating inserter to rotate the implant up to 90° to achieve the final positioning.
- X-ray control to verify the implant positioning.
- Release the implant after the final position is reached and remove the inserter.
- If there is a need for repositioning of the implant, the impactor (FJ613R) can be used.
- It is recommended to put bone material harvested from the facet joint around the TSpace^{XP} implant.

Note:
Please refer to page 20 for a detailed handling description of the articulating inserter.

Item No.	Description
SN305R	Inserter

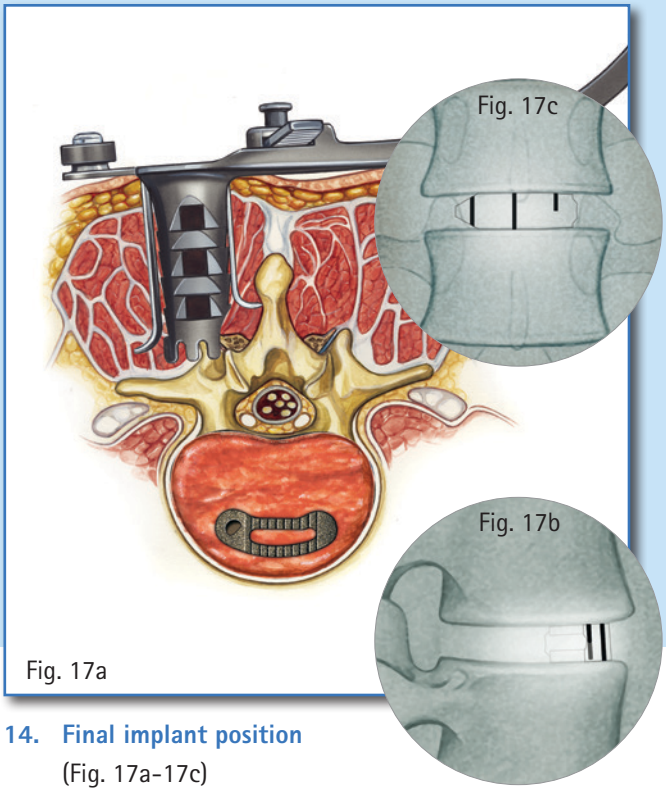


Fig. 17a

14. Final implant position

(Fig. 17a-17c)

- Observe the X-ray markers in both the AP and lateral views to ensure that the implant is placed well within the disc space.
- On an AP fluoroscopic image, all three markers are visible and the anterior marker should be on the midline, as in Fig. 17c.
- On a lateral fluoroscopic image, the two lateral markers should appear as one line, as in Fig. 17b.

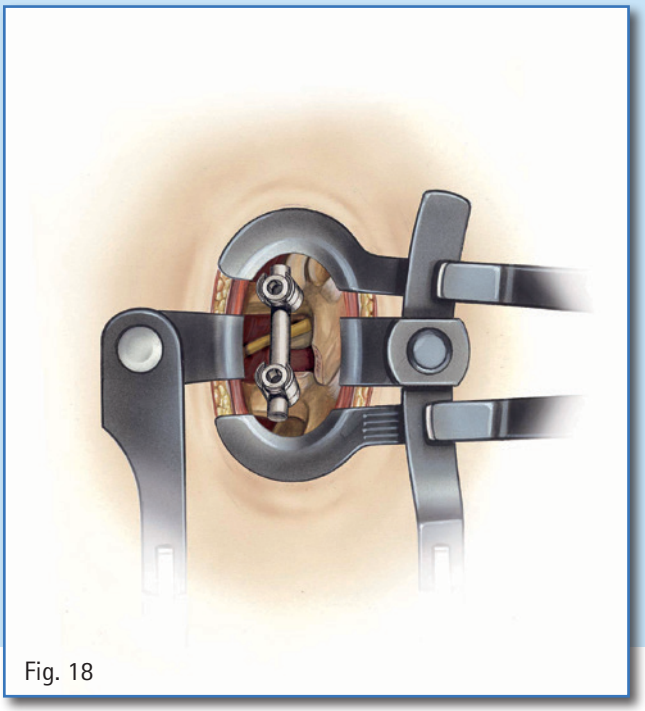


Fig. 18

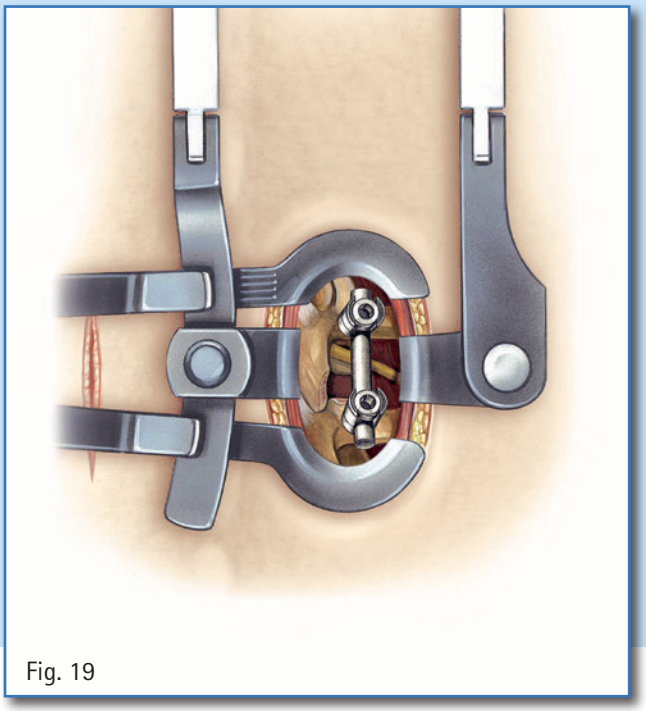


Fig. 19

15. Application of rod and set screw

(Fig. 18)

- Assemble the final construct.
- Apply compression to the pedicle screws to support the contact area between the TSpace®XP implant and the endplates.
- Tighten the set screws and remove tabs, if applicable, according to the appropriate pedicle screw surgical technique manual.

16. Screw positioning on the contralateral side

(Fig. 19)

- Apply pedicle screw construct on the contralateral side according to the appropriate pedicle screw surgical technique manual.

TSpace®XP Interbody System

III. Surgical Technique *(continued)*

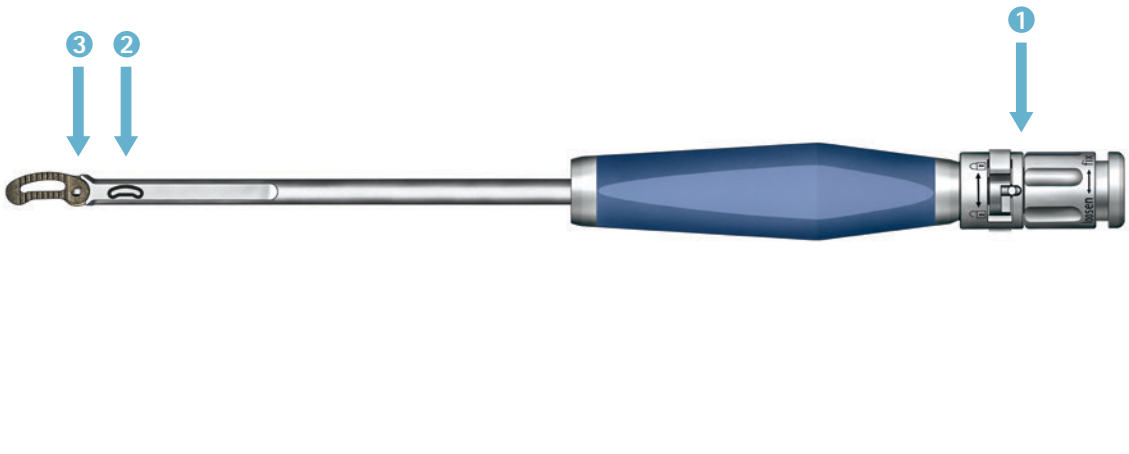


Fig. 20

Overview of the articulating inserter (SN305R)

(Fig. 20)

The articulating inserter (SN305R) is used for the trial positioning and removal, as well as for the implant insertion.

Key features of the inserter are:

1. The "control" part consists of the open/close switch and the rotation knob to handle the trial positioning and implant insertion steps.
2. The visual marking on the end of the inserter shaft which determines the correct loading direction of the trial/implant.
3. The loading part with the tip of the insertion rod where the trial/implant will be connected.

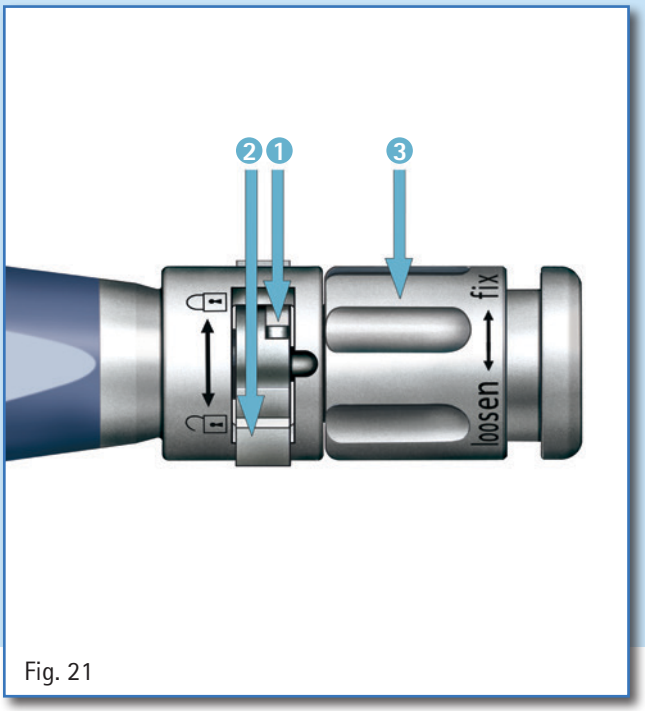


Fig. 21

1. Functionality of the inserter (SN305R)

(Fig. 21)

- The pin 1 is used to indicate the position of the insertion rod.
- The switch 2 is used to load the implant/trial to the inserter. By turning the switch to the locked position, the implant/trial will be loaded.
- The knob 3 is used to tighten the implant/trial that is loaded. By turning the knob clockwise (direction "fix"), the insertion rod protruding out of the shaft tip is moved into the shaft and tightens the implant/trial.
- Turning the knob counterclockwise (direction "loosen") will loosen the implant/trial implant.

2. Start position for implant connection

- Rotate the knob 3 counterclockwise (direction "loosen") to move the insertion rod forward until the pin 1 is visible inside of the window.
- Turn the switch 2 to the unlocked position.

Note:
Please check all visual markings on the handle before you start operating the inserter instrument.

Note:
Further information about the handling of the insertion instrument is available in the instructions for use document SOP-AIS-5001162.

Item No.	Description
SN305R	Inserter

TSpace®XP Interbody System

III. Surgical Technique *(continued)*

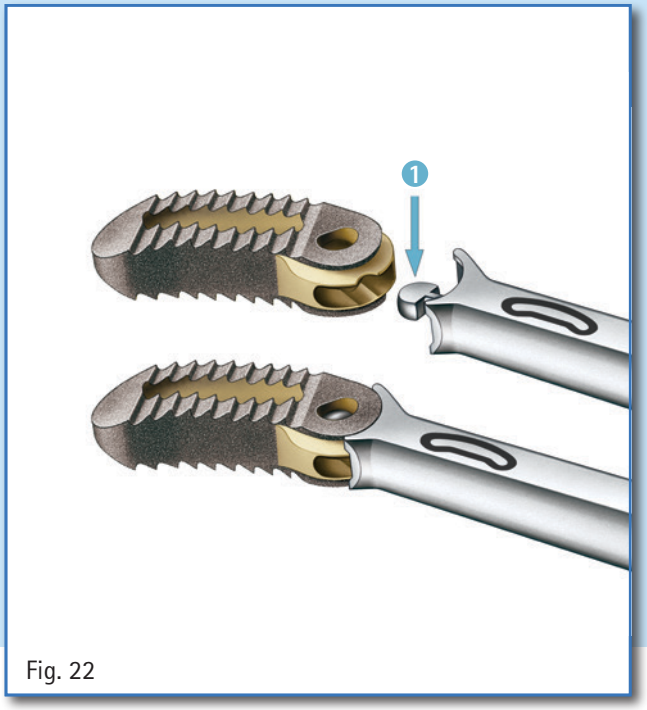


Fig. 22

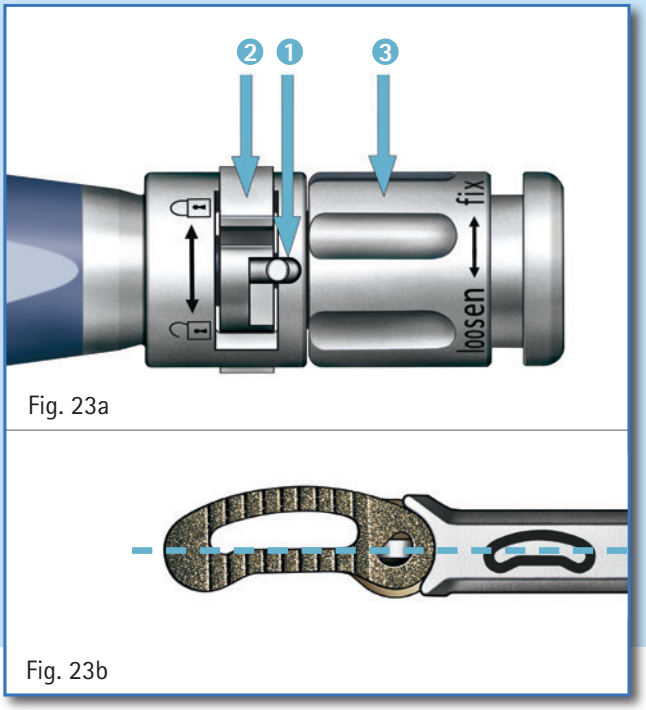


Fig. 23a

Fig. 23b

3. Loading of the implant/trial

(Fig. 22)

- Ensure the tip of the insertion rod (1) is fully protruding in a horizontal position.
- Connect the tip of the insertion rod with the implant/trial. The orientation of the implant/trial should match the visual marking on the end of the instrument shaft.

Item No.	Description
SN305R	Inserter
SN322R-SN392R	Trials
SO907P-SO977P	TSpace^{XP} implants

4. Locking and fixation of the implant/trial in 0° position

(Fig. 23a-23b)

- To lock the implant/trial and fix it at a 0° position, place the implant straight and turn the switch (2) to the locked position.
- Rotate the knob (3) clockwise (direction "fix") to sink the insertion rod back into the instrument and fix the implant/trial. The pin (1) should be on the outer side of the window when the knob is tightened completely.
- This is the initial position to start the implantation of the implant/trial.

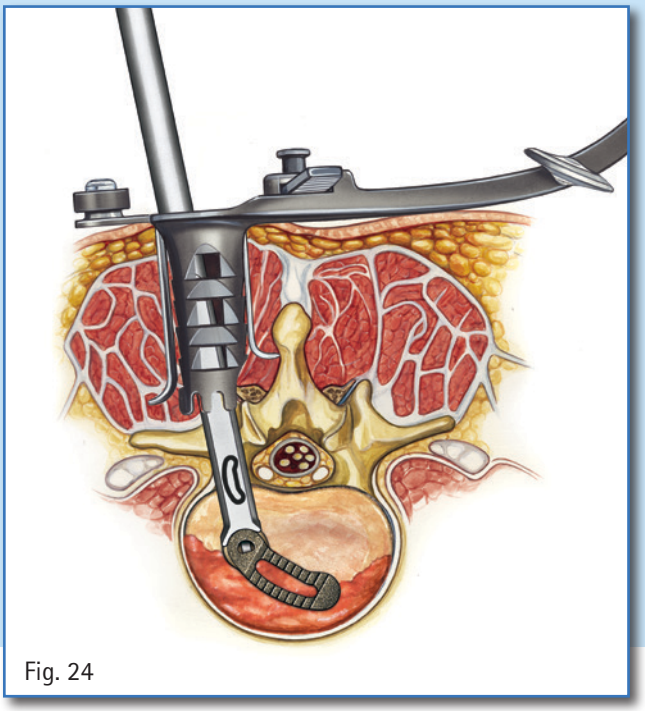


Fig. 24

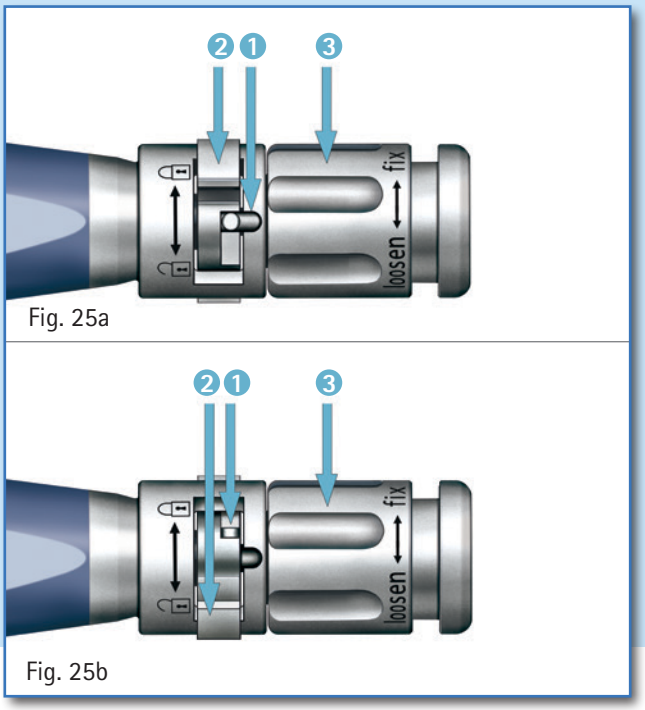


Fig. 25a

Fig. 25b

5. Use of the articulation feature for implant/trial positioning

(Fig. 24)

- To use the articulation feature of the inserter, slightly release the implant/trial by turning the knob counterclockwise (direction "loosen"). This will move the insertion rod forward and loosen the implant/trial.
- To fix the implant in-between, rotate the knob clockwise (direction "fix") to move the rod backward into the instrument until the knob is tightened completely.

Note:
Do not loosen the implant/trial completely until the end position of the implant is reached or the trial is removed from the patient.

6. Insert the implant or remove the trial

(Fig. 25a-25b)

- To disengage the implant after the final position is reached or to disengage the trial, the following steps are necessary.
- Turn the knob 3 counterclockwise (direction "loosen") to move the insertion rod forward until the pin 1 is visible inside of the window. Fig 25a
- Turn the switch 2 to the unlocked position . Fig. 25b
- Disconnect the inserter from the implant/trial.

Note:
When releasing the implant/trial, ensure that the knob is not over tightened as it may impede the switch changing positions.

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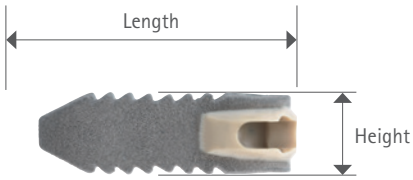
IV. Implants

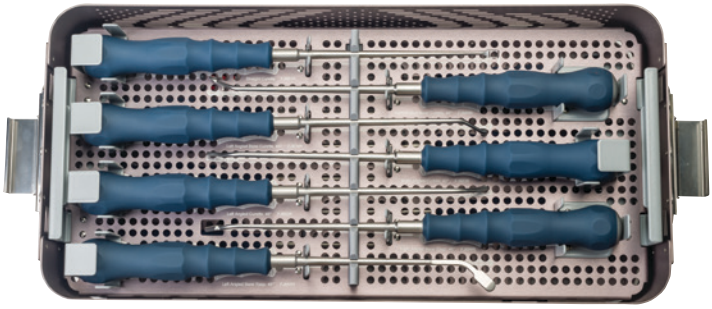


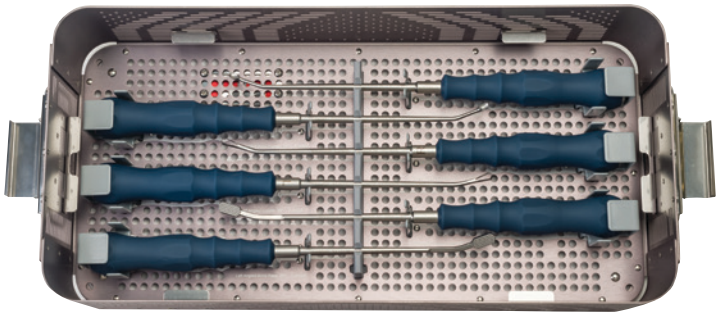
ST0623 TSpace^{XP} Implant

Item No.	Component	Height (mm)	Width (mm)	Length (mm)	Angle	Quantity in Set
S0907P	TSpace^{XP}	7	11.5	26	5°	2
S0908P	TSpace^{XP}	8	11.5	26	5°	3
S0909P	TSpace^{XP}	9	11.5	26	5°	3
S0910P	TSpace^{XP}	10	11.5	26	5°	3
S0911P	TSpace^{XP}	11	11.5	26	5°	3
S0912P	TSpace^{XP}	12	11.5	26	5°	2
S0913P	TSpace^{XP}	13	11.5	26	5°	2
S0914P	TSpace^{XP}	14	11.5	26	5°	1
S0915P	TSpace^{XP}	15	11.5	26	5°	1
S0917P	TSpace^{XP}	17	11.5	26	5°	1
S0937P	TSpace^{XP}	7	11.5	30	5°	2
S0938P	TSpace^{XP}	8	11.5	30	5°	3
S0939P	TSpace^{XP}	9	11.5	30	5°	3
S0940P	TSpace^{XP}	10	11.5	30	5°	3
S0941P	TSpace^{XP}	11	11.5	30	5°	3
S0942P	TSpace^{XP}	12	11.5	30	5°	2
S0943P	TSpace^{XP}	13	11.5	30	5°	2
S0944P	TSpace^{XP}	14	11.5	30	5°	1
S0945P	TSpace^{XP}	15	11.5	30	5°	1
S0947P	TSpace^{XP}	17	11.5	30	5°	1
S0967P	TSpace^{XP}	7	11.5	34	5°	2
S0968P	TSpace^{XP}	8	11.5	34	5°	3
S0969P	TSpace^{XP}	9	11.5	34	5°	3
S0970P	TSpace^{XP}	10	11.5	34	5°	3
S0971P	TSpace^{XP}	11	11.5	34	5°	3
S0972P	TSpace^{XP}	12	11.5	34	5°	2
S0973P	TSpace^{XP}	13	11.5	34	5°	2
S0974P	TSpace^{XP}	14	11.5	34	5°	1
S0975P	TSpace^{XP}	15	11.5	34	5°	1
S0977P	TSpace^{XP}	17	11.5	34	5°	1

V. Preparation Instruments

ST0622 TSpace®XP Instruments





	Item No.	Description	Quantity
	FJ679R	TSpace Bone Curette, 45° Lt. Ang, 6.3/350 mm	1
	FJ680R	TSpace Bone Curette, 45° Rt. Ang, 6.3/350 mm	1
	FJ698R	TSpace Bone Curette, 20° Lt. Ang, 6.3/350 mm	1
	FJ699R	TSpace Bone Curette, 20° Rt. Ang, 6.3/350 mm	1
	FJ681R	TSpace/Prosp Curette, 15° Ang, 6.0/350 mm	1
	FJ682R	TSpace Curette, 45° Lt. Ang, 6.5/350 mm	1
	FJ683R	TSpace Curette 45° Rt. Ang, 6.5/350 mm	1
	FJ702R	TSpace Curette, 20° Lt. Ang, 6.5/350 mm	1
	FJ703R	TSpace Curette, 20° Rt. Ang 6.5/350 mm	1
	FJ685R	TSpace Bone Rasp, 45° Lt. Ang, 10/350 mm	1
	FJ686R	TSpace Bone Rasp, 45° Rt. Ang, 10/350 mm	1
	FJ704R	TSpace Bone Rasp, 20° Lt Ang, 10/350 mm	1
	FJ705R	TSpace Bone Rasp, 20° Rt. Ang, 10/350 mm	1

Recommended container for tray SN301R: JK441 / JN441 and lid JK489

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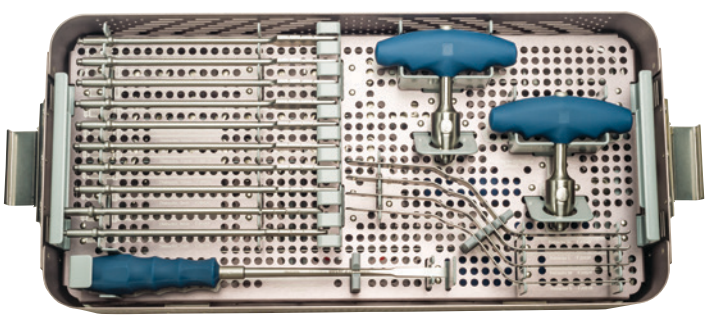
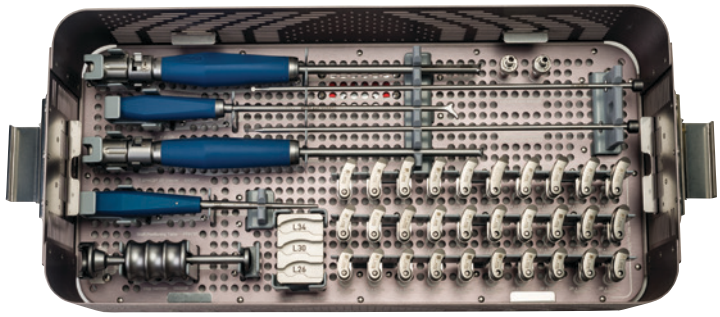
VI. Implantation Instruments

ST0622 TSpace^{XP} Instruments (cont.)





	Item No.	Description	Quantity
	FF913R	Caspar™ Graft Positioning Tamp, 3 mm	1
	FJ051R	ProSpace™ Plif Retractor, Size S	1
	FJ052R	ProSpace Plif Retractor, Size M	1
	FJ053R	ProSpace Plif Retractor, Size L	1
	FJ054R	ProSpace Plif Retractor, Size XL	1
	FJ613R	TSpace PEEK Impactor	1
	FJ658R	TSpace/ProSpace Osteotome, 8/300 mm	1
	SJ033R	A-Space™ PEEK T-Handle w/Anvil	2
	SN304R	TSpace PEEK/^{XP} Packing Block	1
	SN305R	TSpace PEEK/^{XP} Insertion Instrument	2
	SN320R	TSpace PEEK/^{XP} Slap Hammer	1

ST0622 TSpace®XP Instruments (cont.)

	Item No.	Description	Quantity
	FJ647R	Distractor, 7 mm	1
	FJ648R	Distractor, 8 mm	1
	FJ649R	Distractor, 9 mm	1
	FJ650R	Distractor, 10 mm	1
	FJ651R	Distractor, 11 mm	1
	FJ652R	Distractor, 12 mm	1
	FJ653R	Distractor, 13 mm	1
	FJ654R	Distractor, 14 mm	1
	FJ655R	Distractor, 15 mm	1
	FJ657R	Distractor, 17 mm	1
	ME927R	TSpace^{XP} Rigid Inserter	1

TSpace®XP Interbody System

VII. TSpace^{XP} Trials

ST0622 TSpace^{XP} Instruments (cont.)

Item No.	Description	Quantity
SN322R	TSpace PEEK/^{XP} Trial, 5°, 26 x 11.5 x 7 mm	1
SN323R	TSpace PEEK/^{XP} Trial, 5°, 26 x 11.5 x 8 mm	1
SN324R	TSpace PEEK/^{XP} Trial, 5°, 26 x 11.5 x 9 mm	1
SN325R	TSpace PEEK/^{XP} Trial, 5°, 26 x 11.5 x 10 mm	1
SN326R	TSpace PEEK/^{XP} Trial, 5°, 26 x 11.5 x 11 mm	1
SN327R	TSpace PEEK/^{XP} Trial, 5°, 26 x 11.5 x 12 mm	1
SN328R	TSpace PEEK/^{XP} Trial, 5°, 26 x 11.5 x 13 mm	1
SN329R	TSpace PEEK/^{XP} Trial, 5°, 26 x 11.5 x 14 mm	1
SN330R	TSpace PEEK/^{XP} Trial, 5°, 26 x 11.5 x 15 mm	1
SN332R	TSpace PEEK/^{XP} Trial, 5°, 26 x 11.5 x 17 mm	1
SN352R	TSpace PEEK/^{XP} Trial, 5°, 30 x 11.5 x 7 mm	1
SN353R	TSpace PEEK/^{XP} Trial, 5°, 30 x 11.5 x 8 mm	1
SN354R	TSpace PEEK/^{XP} Trial, 5°, 30 x 11.5 x 9 mm	1
SN355R	TSpace PEEK/^{XP} Trial, 5°, 30 x 11.5 x 10 mm	1
SN356R	TSpace PEEK/^{XP} Trial, 5°, 30 x 11.5 x 11 mm	1
SN357R	TSpace PEEK/^{XP} Trial, 5°, 30 x 11.5 x 12 mm	1
SN358R	TSpace PEEK/^{XP} Trial, 5°, 30 x 11.5 x 13 mm	1
SN359R	TSpace PEEK/^{XP} Trial, 5°, 30 x 11.5 x 14 mm	1
SN360R	TSpace PEEK/^{XP} Trial, 5°, 30 x 11.5 x 15 mm	1
SN362R	TSpace PEEK/^{XP} Trial, 5°, 30 x 11.5 x 17 mm	1
SN382R	TSpace PEEK/^{XP} Trial, 5°, 34 x 11.5 x 7 mm	1
SN383R	TSpace PEEK/^{XP} Trial, 5°, 34 x 11.5 x 8 mm	1
SN384R	TSpace PEEK/^{XP} Trial, 5°, 34 x 11.5 x 9 mm	1
SN385R	TSpace PEEK/^{XP} Trial, 5°, 34 x 11.5 x 10 mm	1
SN386R	TSpace PEEK/^{XP} Trial, 5°, 34 x 11.5 x 11 mm	1
SN387R	TSpace PEEK/^{XP} Trial, 5°, 34 x 11.5 x 12 mm	1
SN388R	TSpace PEEK/^{XP} Trial, 5°, 34 x 11.5 x 13 mm	1
SN389R	TSpace PEEK/^{XP} Trial, 5°, 34 x 11.5 x 14 mm	1
SN390R	TSpace PEEK/^{XP} Trial, 5°, 34 x 11.5 x 15 mm	1
SN392R	TSpace PEEK/^{XP} Trial, 5°, 34 x 11.5 x 17 mm	1

Notes

Notes

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